



12-510-01

A

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Title of Invention

Manu [redacted] le Devic

Named Inventor(s)

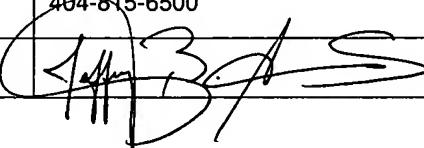
Michael D. Mabry and Donald R. McAllister

Attorney Docket

47585-265523

Express Mail Label No.

EL 876242692 US

APPLICATION ELEMENTS		ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims Small Entity status 3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract 4. <input checked="" type="checkbox"/> Drawings		ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. (i) <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i> c. <input type="checkbox"/> Statement verifying identity of above copies 8. <input checked="" type="checkbox"/> Assignment: a. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) b. <input checked="" type="checkbox"/> Assignment is of record in parent application No. 09/151,222 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney by assignee 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO/SB/08 <input checked="" type="checkbox"/> Copies of IDS Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input checked="" type="checkbox"/> Other: <u>Change of Correspondence Address and Appointment of Associate Attorney</u> .	
16. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/151,222 Recite complete dependency back to first parent application:			
17. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label  23370 PATENT TRADEMARK OFFICE			
Name (Print/Type)	Jefery B. Arnold	Registration No. (Attorney/Agent)	39,540
Telephone	404-815-6500		
Signature			November 5, 2001